SAUK COUNTY HEALTH CARE CENTER

S4555 HIGHWAY CH

REEDSBURG 53959 Phone: (608) 524-4371 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 110 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 148 Yes Number of Residents on 12/31/02: 106 Average Daily Census: 103

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	Primary Diagnosis % Age Groups		% 	Less Than 1 Year 1 - 4 Years	39.6 39.6
Supp. Home Care-Household Services	No	Developmental Disabilities	1.9	Under 65	4.7	•	20.8
Day Services	No	Mental Illness (Org./Psy)	35.8	65 - 74	10.4	Ì	
Respite Care	No	Mental Illness (Other)	3.8	75 - 84	37.7	I	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.9	85 - 94	42.5	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.7	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	3.8			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	2.8		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	13.2	65 & Over	95.3		
Transportation	No	Cerebrovascular	15.1			RNs	10.3
Referral Service	No	Diabetes	6.6	Sex	%	LPNs	11.6
Other Services	No	Respiratory	5.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	10.4	Male	32.1	Aides, & Orderlies	49.7
Mentally Ill	No			Female	67.9	I	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		edicare			edicaid			Other			Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	00	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	1.4	128	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	15	100.0	295	71	97.3	110	0	0.0	0	18	100.0	135	0	0.0	0	0	0.0	0	104	98.1
Intermediate				1	1.4	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		73	100.0		0	0.0		18	100.0		0	0.0		0	0.0		106	100.0

SAUK COUNTY HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
ercent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	10.1	Bathing	1.9		84.9	13.2	106
Other Nursing Homes	7.0	Dressing	11.3		77.4	11.3	106
Acute Care Hospitals	76.7	Transferring	27.4		50.9	21.7	106
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.6		53.8	22.6	106
Rehabilitation Hospitals	0.0	Eating	57.5		31.1	11.3	106
Other Locations	1.6	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	******
otal Number of Admissions	129	Continence		%	Special Treatmen	ts	90
ercent Discharges To:		Indwelling Or Exter:	nal Catheter	5.7	Receiving Resp	iratory Care	8.5
Private Home/No Home Health	2.3	Occ/Freq. Incontine	nt of Bladder	44.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	41.4	Occ/Freq. Incontine	nt of Bowel	15.1	Receiving Suct	ioning	0.0
Other Nursing Homes	8.6	1			Receiving Osto	my Care	2.8
Acute Care Hospitals	10.9	Mobility			Receiving Tube	Feeding	1.9
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	1.9	Receiving Mech	anically Altered Diet	s 15.1
Rehabilitation Hospitals	0.0	i i				-	
Other Locations	0.8	Skin Care			Other Resident C	haracteristics	
Deaths	35.9	With Pressure Sores		4.7	Have Advance D	irectives	81.1
otal Number of Discharges		With Rashes		1.9	Medications		
(Including Deaths)	128	I			Receiving Psyc	hoactive Drugs	57.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

			ership:		Size:		ensure:		_			
	This	Gov	ernment	100	-199	Ski	lled	Al				
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	llities			
	9	90	Ratio	엉	Ratio	olo	Ratio	olo	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	68.3	84.6	0.81	85.5	0.80	86.7	0.79	85.1	0.80			
Current Residents from In-County	88.7	55.3	1.60	78.5	1.13	69.3	1.28	76.6	1.16			
Admissions from In-County, Still Residing	29.5	26.2	1.13	24.7	1.19	22.5	1.31	20.3	1.45			
Admissions/Average Daily Census	125.2	60.4	2.07	114.6	1.09	102.9	1.22	133.4	0.94			
Discharges/Average Daily Census	124.3	64.0	1.94	114.9	1.08	105.2	1.18	135.3	0.92			
Discharges To Private Residence/Average Daily Census	s 54.4	19.7	2.76	47.9	1.14	40.9	1.33	56.6	0.96			
Residents Receiving Skilled Care	99.1	85.5	1.16	94.9	1.04	91.6	1.08	86.3	1.15			
Residents Aged 65 and Older	95.3	88.5	1.08	94.1	1.01	93.6	1.02	87.7	1.09			
Title 19 (Medicaid) Funded Residents	68.9	79.1	0.87	66.1	1.04	69.0	1.00	67.5	1.02			
Private Pay Funded Residents	17.0	16.2	1.05	21.5	0.79	21.2	0.80	21.0	0.81			
Developmentally Disabled Residents	1.9	0.5	3.59	0.6	2.98	0.6	3.33	7.1	0.27			
Mentally Ill Residents	39.6	48.2	0.82	36.8	1.08	37.8	1.05	33.3	1.19			
General Medical Service Residents	10.4	20.0	0.52	22.8	0.45	22.3	0.47	20.5	0.51			
Impaired ADL (Mean)	46.0	44.1	1.04	49.1	0.94	47.5	0.97	49.3	0.93			
Psychological Problems	57.5	62.8	0.92	53.4	1.08	56.9	1.01	54.0	1.07			
Nursing Care Required (Mean)	4.4	7.5	0.58	6.8	0.64	6.8	0.64	7.2	0.61			